



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/24/2013 04:35 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/24/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/25/2013 11:56 AM
First Team Leader Assigned: [REDACTED] Date/Time 04/26/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/26/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: History on [REDACTED] was found under Case ID: [REDACTED] No other history was found for the family.

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 1
Prior INV/ASMT of both Abuse & Neglect: 0
Screen Outs: 0

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: None



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Native American Descent: No
Directions: None

****Address and contact information are listed under the oldest child victim.****

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (2 months old) and [REDACTED] (4 years old) live with their parents, [REDACTED] and [REDACTED] in [REDACTED]

On April 24, 2013 around 12:00 p.m. [REDACTED] passed away. A call was received at the [REDACTED] DCS Office from the general public. Law Enforcement was contacted and they confirmed that [REDACTED] was deceased. It is believed that [REDACTED] has already been sent for an autopsy and the report is currently pending. It was reported that [REDACTED] found [REDACTED] not breathing and she called 911. EMS attempted to resuscitate the child but those efforts were unsuccessful. This is the only information the reporter has at this time surrounding the death of [REDACTED]

DCS has not been to the home as of yet. The conditions of the home are unknown at this time. It is unknown if there are any previous history of a child dying or suffering serious injury in the home. The detective reported that officers had been to the home and there were initially no concerns. Detectives will still be conducting an investigation. Law Enforcement did not state whether or not [REDACTED] or [REDACTED] has a criminal history.

[REDACTED] is currently with [REDACTED] and [REDACTED] grandparents, [REDACTED] and [REDACTED] could be an alternate placement if needed.

There is an older child of [REDACTED] that DCS has history with. Her name is [REDACTED] but she does not live in this home.

Detective [REDACTED] is assigned to the case.

No special needs or disabilities are reported at this time.

Per SDM: Investigative Track, P1-Neglect Death-[REDACTED] TL @ 5:19pm on 04/24/13

Event [20]Alert Started (3229), Status: [20]Alert Started, [REDACTED]

Event [07]Group Started (3229/21229), Status: [07]Group Started, East8 [REDACTED]

Event [80]Send Started (3229/21630), Status: [80]Message issued, East8 [REDACTED]

[REDACTED] responded at 5:24PM ([REDACTED])

Child Fatality Team notified by email, [REDACTED]

[REDACTED] and Child-Fatality-Notification EI-DCS, [REDACTED]



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 40 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 4 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/24/2013

Assignment Date: 04/26/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed as AUPU.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/12/2013

Team Leader: [REDACTED]

Date: 07/14/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

A face to face was completed with [REDACTED] on 04/24/13 by CM [REDACTED] and CM 3 [REDACTED]. No concerns were noted with him at the time of the visit.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

The preliminary autopsy showed no significant findings. Detective [REDACTED] observed the autopsy and reported that the medical examiner had no concerns of abuse.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

The parents were interviewed and denied any abuse.

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

CM [REDACTED] received this case on 04/24/13 for allegations of neglect death. A face to face was completed by CM [REDACTED] and CM 3 [REDACTED]. CM [REDACTED] made a follow up face to face with the family on 05/29/13 in which [REDACTED] appeared to be very emotional and CM recommended counseling services which [REDACTED] complied with. CM attempted to get payment of a bill for the family through a PSG which was denied by the fiscal. CM made a face to face on 08/14/13 with [REDACTED] who appeared clean and healthy and then with [REDACTED] at her place of employment. CM talked with [REDACTED] about any needs the family has at this time and she stated that they were doing well. CM received the preliminary autopsy report on 07/12/13 in which no significant findings were found. Detective [REDACTED] observed the autopsy and no signs of abuse were noted by medical examiner. This case was presented to CPIT on 07/18/13 in which the decision was made to classify as AUPU and close. This case is closing as AUPU.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2013

Contact Method:

Contact Time: 12:09 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2013

Completed date: 08/15/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/15/2013 11:09 AM Entered By: [REDACTED]

Closing Summary

This file will be submitted for closure on 08/15/13 to [REDACTED], Team Leader of [REDACTED] CPS, as all of the investigative assignments have been completed.

The safety assessment, FAST (if applicable) and classification summary have been completed.

Notification of the case closure as well as a copy of classification summary will be submitted to the [REDACTED] Juvenile Court per local protocol.

Classification Detail: CM [REDACTED] received this case on 04/24/13 for allegations of neglect death. A face to face was completed by CM [REDACTED] and CM 3 [REDACTED]. CM [REDACTED] made a follow up face to face with the family on 05/29/13 in which [REDACTED] appeared to be very emotional and CM recommended counseling services which [REDACTED] complied with. CM attempted to get payment of a bill for the family through a PSG which was denied by the fiscal. CM made a face to face on 08/14/13 with [REDACTED] who appeared clean and healthy and then with [REDACTED] at her place of employment. CM talked with [REDACTED] about any needs the family has at this time and she stated that they were doing well. CM received the preliminary autopsy report on 07/12/13 in which no significant findings were found. Detective [REDACTED] observed the autopsy and no signs of abuse were noted by medical examiner. This case was presented to CPIT on 07/18/13 in which the decision was made to classify as AUPU and close. This case is closing as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2013 Contact Method: Face To Face
 Contact Time: 11:30 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/15/2013
 Completed date: 08/15/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/15/2013 01:09 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] made a face to face on this date with [REDACTED] at her place of employment [REDACTED]. CM observed that [REDACTED] appeared to be doing well. CM asked [REDACTED] how she was doing and she stated that she was doing well. CM explained that she had stopped to see [REDACTED] at school to complete a face to face and [REDACTED] stated that she understood. CM asked [REDACTED] if she was still going to counseling and she stated yes. CM asked [REDACTED] if there is anything that she needed at this time and she stated no. CM stated to [REDACTED] that she is going to be closing out the families case at this time. [REDACTED] asked CM if she had gotten any reports about the death certificate and CM stated that she had gotten preliminary which stated no significant findings but that she had not gotten the final report yet as that could take several more months. [REDACTED] stated her understanding. CM asked if [REDACTED] had any other questions and she state no. CM thanked [REDACTED] for meeting with her and ended the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 08/15/2013

Completed date: 08/15/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/15/2013 01:02 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) made a face to face with [REDACTED] on this date at the [REDACTED] School. [REDACTED] appeared clean and neat and dressed appropriately. CM asked [REDACTED] how he is doing and he stated that he is fine. CM asked [REDACTED] if he likes school and he stated yes. CM asked [REDACTED] how things are at home and he stated that they are good. CM thanked [REDACTED] for speaking with her and ended the visit at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/15/2013

Completed date: 08/15/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/15/2013 10:52 AM Entered By: [REDACTED]

CPIT Meeting

This case was presented to the [REDACTED] CPIT team on 07/18/13.

Individuals Present: [REDACTED]

The following decision was made: The team made the decision to classify as AUPU and close.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/12/2013

Completed date: 07/12/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/12/2013 03:10 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) received a copy of the preliminary autopsy report on this date from the county coroner. The report states no cause of death but it does state that the child had no significant congenital anomalies. CM will follow up with the family to see if they need any other services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/29/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/30/2013

Completed date: 05/30/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/30/2013 02:05 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] along with CM 3 [REDACTED] made a visit to the home on this date. CM explained to [REDACTED] who she was and that she was going to be handling the investigation. CM [REDACTED] talked with [REDACTED] about needed services for the family and gave her information regarding grief counseling and support groups. [REDACTED] expressed an interest in getting counseling for her and for [REDACTED]. CM stated that she would make a referral for counseling for them. CM asked if there is any other services they need and she expressed that she may need help with some utility bills. CM stated that she may need assistance with the water bill. CM stated she would put in a PSG and see if they could pay for it. CM stated that she would contact the family again to follow up. CM thanked the family for meeting with her and ended her visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2013

Completed date: 04/29/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/29/2013 01:52 PM Entered By: [REDACTED]

CPIT Convened

CPIT was convened on 04/25/13.

The DAs office was notified on 04/25/13 via email. Detective [REDACTED] was notified on 04/25/13 via telephone.

Next Steps: Make face to face contact and complete home visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/24/2013 Contact Method: Face To Face
 Contact Time: 09:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 05/22/2013
 Completed date: 05/22/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/22/2013 12:44 PM Entered By: [REDACTED]

Information received from the family:

Child was full term, scheduled to be induced on [REDACTED] but she went into labor on [REDACTED]. No complications with the delivery however there was some respiratory complication and the child remained hospitalized for approximately 1 week after birth to monitor this condition. He had three echocardiograms with no abnormalities reported to the family (was thought to have a murmur). The child was released from hospital and his weight had little change upon release 1 oz difference. No concerns at 1 month check up and he had all of his scheduled immunizations. Last weight was 8lbs 13 ozs. No history with drug or alcohol use, mother did smoke during pregnancy. No smoking in the house. Most recently the child had a runny nose but no medications, and uses a pacifier. Recently they had been using bulb syringe to suction the nose. They had taken the child to the maternal grandfather, who is a licensed respiratory therapist, yesterday and was no abnormal breath sounds was observed.

Father [REDACTED] is an over-the-road truck driver and was scheduled to leave out today around noon. He reported that he had become a night owl recently and had laid down around 830am this morning and that the child was a bit fussy but went back to sleep easily. Reported that the child slept in a bassinet at the foot of the parents bed, and that the father had picked the child up and placed him in the bed with them.

At approximately just before noon, the mother had gotten up and saw the time and yelled for the father to wake up because he had received a phone call from his driving partner and it was time to be leaving. The father said that he had gotten up. He said that he had noticed that the child had not woke up when the mother yelled for the father and that he (the father) had placed his hand on him (the child) and he did move. At this point he picked the child up and noticed he was not breathing and told the mother to call 911 and he began CPR. During CPR the father stated that he was doing this on the bed and didnt feel as if it was effective and moved the child to the floor in the living room and 911 remained on the phone with the mother. He said that he continued to perform CPR but it did not feel as if he was getting any air into the lungs and pressed on the abdomen and air came out, he continued by saying that he repositioned the childs head in an attempt to more adequately open the air was and continued chest compressions, but still didnt feel as if there was good air exchange. He continued CPR until Paramedics arrived and Paramedics took



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the child. The father stated that the child was warm to touch and color was not bad until EMS arrived and there started to be a bluish color around the lips.

Following the father gave statement to police as they were on scene at the home.

The family appeared to be exhausted, but were receptive and very cooperative. There was no indication of any drug use and no reported history of any drug use or any other concerns, collaterals were positive, Including Law Enforcement

CHILD # 2

[REDACTED] 4 y male

This child was clean and appeared to be well bonded with family members, he was dressed appropriately in night clothes and appeared normally developed physically and mentally. The child was not interviewed at this time but was observed for some time and he displayed no fear or apprehension with any adult in the home.

Extended family members were present and appeared to be a strong positive support system.

Over all General impression was that this was not a result of intentional maltreatment.

During the parent interview, the parents did report that the child did sleep on his stomach and was placed on his stomach when he was placed in the parents bed around 830 am. They reported that this began when the child was about 2 weeks old as he would not sleep on his back.

A full preliminary report with be completed by [REDACTED]

Police reports and medical records will be requested. Parents have signed release of information and all paper work has been signed by the parents and clients right handbook was given along with Equal access to services, HIPPA, ICWA.

Parents were offered services and were told that DCS will provide them with information regarding available services in the community to assist them with any grief counseling. Parents agreed that this may benefit their family.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2013

Contact Method:

Contact Time: 04:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2013

Completed date: 04/29/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/29/2013 01:49 PM Entered By: [REDACTED]

Initial Case Summary

This case was assigned to CM [REDACTED] by TL [REDACTED]. The ACVs [REDACTED]. The allegations are neglect death. The alleged perpetrator is listed as unknown. The response is due on 04/25/13 at 4:35pm. The case was assigned to the Investigation track.

DCS and/or other history: Family has no previous history. Father has history with other child for truancy.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/24/13 4:35 PM

Date of Assessment: 8/15/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/24/13 4:35 PM

Date of Assessment: 8/15/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

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Section 3: Safety Decision

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